

**Kentucky Board of Medical Imaging
& Radiation Therapy
42 Fountain Place,
Frankfort, KY. 40601
Phone# (502)782-5687
Fax# (502)782-6495**

Name/Address Change Form

1.) OLD Name or Mailing Address: *(Please clearly print all requested info below)*

(Last name) (First Name) (Middle Name or Initial)

Last 4 of SSN License Number Date of Birth (MM/DD/YYYY)

OLD address City State Zip

() ()

Phone Number Fax Number

2.) NEW Name or Mailing Address:

(Last name) (First Name) (Middle Name or Initial)

Last 4 of Social Security Number New Address

City State Zip Code

() ()

Phone Number Fax Number

()

Current Work Phone Number Current E-Mail Address

For a Name Change: Please Submit Copies of Legal Documents. (i.e. Marriage License)

Please Mail or Fax this paper and any other documents requested, to the address or fax number listed above.